

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
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50						
TOTAL IND.	5					
TOTAL DEP.	33	↔	↔	↔	↔	↔
TOTAL CLAIMS	38	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↔	↔	↔	↔
TOTAL DEP.			↔	↔	↔	↔
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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